SUPERVISION AGREEMENT:
CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS)

Instructions
This section must be completed and signed by both the applicant/CBHPSS and the supervisor who will be supervising the applicant/CBHPSS. If the applicant/CBHPSS will have more than one supervisor then this form must be completed for each supervisor. CBHPSS who are already licensed but are changing and/or adding a new supervisor must submit a new supervision agreement which is also signed by new supervisor no later than 20 business days following the change.

You can scan and upload this form directly to your online application/account or e-mail it to dlibsdhelp@mt.gov.

Section 1 – Applicant/CBHPSS Information
1. Applicant/CBHPSS Full Name: ____________________________________________
   First         Middle         Last

2. Applicant/ CBHPSS Mailing Address: _______________________________________

3. Applicant/ CBHPSS Email Address: _______________________________________

Section 2 – Supervisor
4. Supervisor Full Name: __________________________________________________
   First         Middle         Last

5. Supervisor License Title: _______________________________________________
   (e.g. LCSW, LCPC, LMFT, LAC, physician, psychologist, or an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing)

6. Supervisor License Number: ____________________________________________

Section 3 – Declaration
I, the applicant/CBHPSS understand the requirements of CBHPSS supervision and recordkeeping as described in 37-38-202(6), MCA, and ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, subchapter 9.

Legal Signature of Applicant/CBHPSS ___________________________ Date ______

I, the CBHPSS supervisor understand the requirements of CBHPSS supervision and recordkeeping as described in 37-38-202(6), MCA, and ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, subchapter 9 and meet the qualifications to supervise as described ARM 24.219.421.

Legal Signature of Supervisor ___________________________ Date ______